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|  <p>First Steps</p> | <h2>First Steps Cost Participation Procedures</h2> |
| <p>ADMINISTERING ENTITY</p> | <p>The Division of Family and Children (DFC) has established procedures to implement the First Steps Early Intervention System Cost Participation Plan. The Intake/Ongoing Service Coordinator responsible for the development of the Individualized Family Service Plan (IFSP) has been delegated the task to verify income.</p> |
| <p>INTAKE COORDINATOR</p> | <p>The Intake Coordinator is responsible for the following:</p> <ul style="list-style-type: none"> • During the intake process, explain the parent's rights and responsibilities within the program and collect income and insurance information from the family. • Complete the combined enrollment form, cost participation worksheets, and insurance supplements. • Once eligibility has been established, further explain the First Steps cost participation component, financial case management and insurance information, review the cost participation guidelines, and document medical and personal care needs expenses as defined by First Steps. • Explain to the parent(s), the co-payment and maximum monthly payment as computed by the System Point of Entry (SPOE) computer and obtain consents as appropriate. • Maintain completed Combined Enrollment Form, cost participation worksheets, insurance supplement, and supporting documentation in the child's early intervention file located at the System Point of Entry in electronic and paper format. |
| <p>SERVICE COORDINATOR RESPONSIBILITIES</p> | <p>The Service Coordinator is responsible for the following:</p> <ul style="list-style-type: none"> • Annually, the Service Coordinator will be responsible to explain the parent's rights and responsibilities within the program and collect income and insurance information from the family, as required on the cost participation worksheets, insurance supplement and family update form. • Within 30 days from a family's request to re-evaluate the income and cop-payment, the service coordinator must review the family's income, family size, and appropriate deductions. Documentation of the review including the completion of any necessary forms (cost participation worksheets, insurance supplement, and/or family update form), and supporting documentation, must be submitted to the SPOE within 2 working days. • Within 30 days from family notification, the Service Coordination must update any changes for the family, including changes in address, insurance, family size, co-payment options... Supporting documentation must be submitted to the SPOE within 2 days of completion. • The completed cost participation worksheets, insurance supplement, and family update form, along with supporting documentation are to be maintained in the child's early intervention file located at the System Point of Entry. |

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| SYSTEM POINT OF ENTRY (SPOE) RESPONSIBILITIES | <p>The System Point of Entry (SPOE) is responsible for the following:</p> <ul style="list-style-type: none"> • Data entry of financial and insurance information for the purpose of cost participation and access to insurance, • Document the co-payment and maximum monthly payment as calculated by the SPOE computer, • Submit co-payment and maximum monthly payment information generated by the SPOE computer, to the Intake or Ongoing Service Coordinator who is currently working with the family, within a week of submission, • Maintain all completed forms, along with supporting documentation of income, insurance, and expenses in the child's electronic and paper early intervention file located at the SPOE. |
| CENTRAL REIMBURSEMENT OFFICE (CRO) RESPONSIBILITIES | <p>The Central Reimbursement Office (CRO) is responsible for the following:</p> <ul style="list-style-type: none"> • Calculate the monthly cost of services for each family based on services provided, • Mail the Cost Participation Family Statement which outlines the services provided and payment information, • Process all revenue received through cost participation, • Calculate and track payments received and due, • Report to the lead agency as required. |
| GROSS INCOME DETERMINATION | <p>Families must supply verification of income by the following method:</p> <ul style="list-style-type: none"> • Check stubs from the three most recent consecutive pay periods, • If recent pay stubs are not available, or in instances when income may not be accurately assessed by the last three pay stubs (ex. Self employed, seasonal worker, Farm Income, families with supplemental income...) the family may supply the most recently filed 1040 Federal Income Tax form, or a written statement signed by the employer regarding salary/wages if a statement would accurately account for the income (refer to combined enrollment form instructions for further detail related to income), • Income verification must be maintained in the child's Early Intervention (EI) file, • All income information must be verified annually or within thirty (30) days after the family reports a reduction in income or change in family size. <p>The family may request an administrative review from the DFC if special consideration of their financial status is desired.</p> |
| FAMILY SIZE | <p>The number of family members (family size) to be considered in cost participation determination is established by counting the dependent child, the child's parent(s) and child's siblings with whom the dependent child lives. All natural, adoptive, or half-siblings who meet the definition of dependent child must be included in the family group. The income rules require the consideration of the income of the dependent child, the dependent child's siblings and dependent child's parents.</p> <p>If a dependent child's step-parent is in the home, the family size would exclude the step-parent from the family member count and his/her income from the cost participation determination as step-parents are not considered legally responsible for their step-children in Indiana.</p> <p>A Caretaker Relative is a relative, either by blood or by law, who lives with the child and exercises parental responsibility (care and control) in the absence of the child's parent. Examples include but are not limited to Grandparents, Aunts, Uncles, Cousins, Step-Parents and Adult Siblings.</p> |

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| FAMILY SIZE (CONTINUED) | <p>If the caretaker is a relative other than the parent such as an aunt or grandparent, the income of this relative is not considered since the First Steps services are services to the child even though the relative may be receiving training/counseling to address the needs of the child.</p> <p>A dependent child who does not live with a relative is considered a family of one and would not be considered for cost participation within the First Steps program.</p> |
| CONFIRMATION OF INCOME LEVEL | <p>Confirmation of income level will be calculated at the SPOE by data entry of the family income, family members, and appropriately documented and verified deductions. This calculation will be based on the Federal Income Guidelines Chart (Attachment A).</p> |
| DETERMINATION OF WAIVER | <p>The Division is allowed to reduce or waive a required co-payment if:</p> <ul style="list-style-type: none"> • Medical and/or personal care needs expenses for any member of the family reduce the level of income the family has available to pay co-payments; or • The program receives payment from the family's health care coverage. |
| MEDICAL AND PERSONAL CARE NEEDS EXPENSES | <p>The family may request that Medical and Personal Care Needs expenses be considered in the calculation of the family income and co-payment amount. Appropriate deductions are those that are:</p> <ul style="list-style-type: none"> • To support the Health or Medical needs of a family member • Out-of-Pocket Expenses for which the family will not be reimbursed • Incurred within the past 12 months • Supported by written receipt or other documentation • Within the definition of either Personal Care Needs or Medical expenses. <p>If families experience a change in medical or personal care needs expenses or have other extenuating circumstances, they may request a re-evaluation of their income or co-payment.</p> |
| UTILIZATION OF INSURANCE | <p>All families should provide insurance information to the Intake or Ongoing Service Coordinator, whoever is working with the family. The coordinator will then review the policy information with the family and ask permission for First Steps to access their insurance. Indiana legislation, IC 12-17-15-17, assures that insurance payments for First Steps early intervention services are not counted toward your child's lifetime benefit cap. The only exception is for self-funded health insurance, where your employer pays for your health-related costs. Self-funded health insurance plans are not required to follow the specific terms of the insurance legislation. The State of Indiana and Indiana state-funded university health insurance policies are covered under the legislation, although they are self-insured plans. Families with a self-insured health insurance policy are encouraged to talk with their employer to better understand their benefit plan and coverage limits. At this time, insurance will not be billed without the written consent of the family.</p> <p>Utilization of insurance may apply toward a family's co-payment and maximum monthly cost share if payment is received. Families are responsible to notify the Service Coordinators to update insurance information as changes occur.</p> |

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| ESTABLISHMENT OF FAMILY CO-PAYMENT AMOUNT | <p>The Federal Income Poverty Level Chart (Attachment A) will be utilized in calculating the Co-payment. The calculation takes into consideration:</p> <ul style="list-style-type: none"> • The family's gross income minus any approved deductions, and • The family size. <p>Families at or under the 350% Income Level are exempt from co-payment. Incomes calculated at or above 351% have corresponding co-payments.</p> <p>Families who refuse to provide financial information for the determination of the co-payment amount, will be assessed at a full fee co-pay option, which places the co-payment at the maximum level.</p> <p>Co-pay amounts will be indicated on the Co-Payment form.</p> <p>Families who disagree with the calculation of the co-payment may request an administrative review to be conducted by the DFC.</p> |
| ASSESSMENT OF CO-PAYMENT | <p>Co-payments are based on delivery of services that are authorized for the eligible child and family in the IFSP. The family will be billed the co-pay amount or actual service cost, the lesser of the two, up to the maximum monthly cost.</p> <ul style="list-style-type: none"> • Co-payments may not be charged for services guaranteed at no cost to eligible infants and their families by federal regulation. Services that must be provided at no cost are: <ol style="list-style-type: none"> 1. Child Find; 2. Evaluation and Assessment; 3. Development of an Individualized Family Service Plan; and 4. Service Coordination. • Services that will be eligible for a co-payment are: <ol style="list-style-type: none"> 1. Audiology 2. Developmental Therapy/Special Instruction 3. Health Services 4. Nursing Services 5. Nutrition Services 6. Occupational Therapy 7. Physical Therapy 8. Psychological Services 9. Social Work Services 10. Speech-Language Pathology 11. Vision Services 12. Other early intervention services, other than translation services. • At this time, co-payments will not be applied toward Assistive Technology, translation services, and transportation. |

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| BILLING PROCESS | <p>The Central Reimbursement Office (CRO) is responsible to notify the parents of the co-payment amount due and to collect all revenue generated by this process.</p> <p>A Family Cost Participation Statement will be sent to the parents and will include the co-payment and any arrearage or payments due. All payments must be made directly to the CRO billing agent within 30 days of receipt. Co-payment amounts will remain in effect for twelve (12) months (coinciding with the IFSP date) unless a review of the financial information is requested and a change in co-payment is determined. Families will continue to receive a Family Cost Participation Statement. The statement details the services that the child received, provider billing and payment information.</p> |
| FAILURE TO PAY PROCEDURE | <p>The following timeline will be implemented for payment of services:</p> <ul style="list-style-type: none"> • A family will have thirty (30) days to pay their co-payment upon receipt of the Family Cost Participation Statement. • Each month the Family Cost Participation Statement will include the total amount due. If the prior month's payment is not received prior to the generation of the current month's form, the receipt of payment may not be included on the form. However, the parent will not be considered past due in payment. • After 90 days the CRO may submit the default information to the Division who may act to collect the past due amount. |
| ADMINISTRATIVE REVIEW | <p>A family has the right to dispute any collection procedure or oppose their placement in the cost participation co-payment plan. If the family disagrees with any action or decision regarding the cost participation program, they may request an administrative review by the DFC. The request for a review is to be submitted in written form and mailed to: First Steps, Cost Participation Administrative Review, 402 W. Washington St, W 386 MS02, Indianapolis, IN 46204, Attn: Part C Coordinator.</p> |
| DEFINITIONS | <p>Ability to pay: The financial capacity that a family has to pay for services.</p> <p>Administering Entity: The Division of Family and Children (DFC) is responsible for the general administration and supervision of the Cost Participation Program.</p> <p>Administrative Review: Upon written request, the DFC will review the financial circumstances involved in determining a family's ability to pay.</p> <p>Arrearage: The total co- payment amount past due.</p> <p>Caretaker Relative: A relative, either by blood or by law, who lives with the child and exercises parental responsibility (care and control) in the absence of the child's parent. Examples include but are not limited to Grandparents, Aunts, Uncles, Cousins, Step-Parents and Adult Siblings.</p> <p>Central Reimbursement Office: The agency that is responsible for billing and collecting the fee from the family.</p> <p>Co-payment amount: The dollar amount per treatment that a family is charged monthly. The fee is determined based on gross income and family size less deductions for non-reimbursed, approved medical and personal care needs expenses for any member of the family.</p> <p>Cost Participation Plan: A plan that imposes fees for treatment services based on income and family size</p> <p>Countable Income: The family's annual Total Gross Income relevant to the size of household after allowable, medical and personal care needs expenses have been</p> |

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| DEFINITIONS (CONTINUED) | <p>subtracted</p> <p>Explanation of Benefits (EOB) Document: A summary generated by the Central Reimbursement Office (CRO) that details delivered services.</p> <p>Extenuating Circumstances: Situations or circumstances that are unusual or out of the ordinary that would allow a family to be given special consideration</p> <p>Failure to Pay: When a family neglects to pay the co-payment due</p> <p>Family Cost Participation Statement: Billing information sent to the family detailing services received and co-payments due and payments received.</p> <p>Federal Income Poverty Level: Income level of the family determined by the family's income and number of members in the household</p> <p>Financial Agreement Form: A form (see Form 2) that outlines the family's responsibilities regarding the cost participation program and determines the preferred source of payment</p> <p>Full Fee Co-pay Option: If a family chooses not to disclose income and expense information they will be placed at the top of the Co-payment fee schedule and assume responsibility for the maximum co-payment amount</p> <p>Income Chart: The instrument used to determine the family's level of income based on a dollar amount and family size</p> <p>Maximum Monthly Cost Share Amount: The maximum amount a family may be billed in a one(1) month period</p> <p>Medical Expenses: Out-of-pocket medical expenses for which the family will not be reimbursed that relate to the health or medical needs of a family member</p> <p>Personal Care Needs Expenses: Out-of-pocket expenses for which the family will not be reimbursed that relate to the health or medical needs of a family member</p> <p>Procedural Safeguards: Legal protections available to children and their parents to protect their rights in dealing with agencies and providers of early intervention services. Legal protections include parental consent, protection in evaluation procedures, opportunity for parents to examine, correct and supplement records, prior notice provisions, surrogate parent identification when necessary, due process procedures and confidentiality of records</p> <p>Significant Change in Circumstances: A change that influences or has an effect on the child/family's circumstances during the year of services that could result in a reevaluation of the co-payment amount</p> <p>Total Gross Income: Total family income, exclusive of deductions</p> |
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